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CONFIRMATION NO. 3305

<b>SERIAL NUMBER</b> 10/729,901	<b>FILING or 371(c) DATE</b> 12/09/2003 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 3626	<b>ATTORNEY DOCKET NO.</b> 118031		
<b>APPLICANTS</b> Kiyoyuki Narimatsu, Komaki-shi, JAPAN; Toshihiko Ogura, Komaki-shi, JAPAN; ** CONTINUING DATA ***** None /TN/ ** FOREIGN APPLICATIONS ***** Verified /TN/ JAPAN 2002-370024 12/20/2002 ** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY ** 08/25/2004						
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>/TRAN NGUYEN/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> JAPAN	<b>SHEETS DRAWINGS</b> 3	<b>TOTAL CLAIMS</b> 5	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> OLIFF & BERRIDGE, PLC P.O. BOX 320850 ALEXANDRIA, VA 22320-4850 UNITED STATES						
<b>TITLE</b> Statistical medical information providing apparatus						
<b>FILING FEE RECEIVED</b> 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		